

TOWNSHIP OF READINGTON



# JUNIOR POLICE ACADEMY

OPEN TO ALL RISING 7TH AND  
RISING 8TH GRADERS

JUNE 23RD, 2025- JUNE 26TH, 2025

9:00 AM- 3:00 PM

FOR MORE INFORMATION AND TO APPLY:

<https://bit.ly/RTPDJuniorAcademy2025>



## Objective

To give young people in Readington Township a fun and educational experience. To provide cadets with useful information and hands-on experience to help them explore a future career in law enforcement. To create a space where young people can build positive relationships with local law enforcement.

## Required Daily

- Socks and Sneakers
- Backpack or duffel bag
- Bagged Lunch & 2 snacks
- Water Bottle
- Shorts, t-shirts, and a baseball cap will be provided on Day 1

## Additional Information

The Junior Police Academy will be held from Monday, June 23rd to Thursday, June 26th. The academy will begin at 9:00 AM and conclude at 3:00 PM with the exception of a bus trip on 6/26 that will return at 4:30 PM. The program will be available to all incoming 8th Grade Students at RMS, with the first 25 fully completed applications being selected. All other students will be placed on a waitlist.

Attendees will also receive an American Red Cross CPR Certification as part of this program.

**Completed applications are due no later than May 6th, 2025.**

There is no fee associated with this program.

Also, there may be an opportunity for early drop-off or transportation. Please check accordingly on the registration form.

## **OPENING**

**9:00AM - 9:15AM**

Flag Raising and Salute

## **PHYSICAL TRAINING**

**9:15AM – 10:15AM**

- Stretching
- Calisthenics
- Push Ups, Sit Ups
- 1 Mile run
- Agility run
- Marching

## **BREAK**

## **INSTRUCTIONAL BLOCK**

**10:30AM - 12:00PM**

Classroom Instruction with guest presentations to educate cadets on a variety of law enforcement related duties and procedures

## **LUNCH**

**12:00PM - 12:45PM**

## **HANDS ON/DEMONSTRATIONS**

**12:45PM - 2:45PM**

Demonstrations from law enforcement and other emergency services, as well unarmed self defense

## **END OF DAY**

**3:00 PM**

Please check e-mail daily for potential important schedule information and/or adjustments

## READINGTON TOWNSHIP JUNIOR POLICE ACADEMY REGISTRATION FORM

Name of Child: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Alternate Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Medical Problems (if any): \_\_\_\_\_

Medications (if any): \_\_\_\_\_

Emergency Contact (Name and Phone Number):

\_\_\_\_\_  
\_\_\_\_\_

Check if applicabe:

\_\_\_\_ I would like early drop-off at 8:30 a.m.

\_\_\_\_ I need transportation for my child to attend.

# UNIFORMS

## Uniforms

Please return this form with the application.

Please check the appropriate size for the cadet:

### Cotton T-Shirt

Childs    S    M    L    XL

Adult    S    M    L    XL    XXL

### Mesh Shorts

Childs    S    M    L    XL

Adult    S    M    L    XL    XXL

READINGTON TOWNSHIP  
JUNIOR POLICE ACADEMY  
DOCTOR'S RELEASE FORM  
(To be Completed by Child's Physician)

I, \_\_\_\_\_, have read the course schedule  
(Doctor's Name)

and \_\_\_\_\_ is able to participate in  
(Cadet's Name)

the scheduled activities, with the following restrictions (if any)

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\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# MEDICAL EMERGENCY TREATMENT SLIP

In case of medical emergency, our physician is: \_\_\_\_\_

Phone #: \_\_\_\_\_

I hereby authorize the above physician and/or their designated associates or assistant, or their covering physicians, or in the event these persons cannot be contacted, the emergency physician on duty at the hospital to provide emergency treatment to our child for the following:

- A. Any laceration, fracture or other traumatic injury; or
- B. Any symptom, disease or injury which, in the judgement of the attending physician, if untreated, reasonably may be expected to increase the risk of or threaten the health of life of the child, or threaten disfigurement or impairment of his/her facilities.

No major surgery or life threatening procedure may be performed upon my child and no general anesthesia may be administered unless:

- A. The life or health of my child is in danger; or delaying such treatment to obtain consent would create a threat of serious injury to the health of my child; and
- B. The attending physician and one other physician consult and agree that such treatment is necessary for the health of my child.

I hereby give consent for admission of my child to any accredited hospital, but if possible I prefer that my child be admitted to:

\_\_\_\_\_  
(Fill in name of hospital)

if, in the judgement of the attending physician, it is necessary for any treatment authorized herein.

This consent is to be effective only after reasonable efforts have been made to contact me and obtain specific consent to any emergency treatment. This consent is also to be used in conjunction with the hospital's procedure for documented administrative authorization.

The child covered by this form:

\_\_\_\_\_  
(Child's name)

\_\_\_\_\_  
(Birth Date)

Known Allergies: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

# **TOWNSHIP OF READINGTON**

## **JUNIOR POLICE ACADEMY PARTICIPATION AGREEMENT**

The party whose signature appears below (the “Parent or Guardian”) has enrolled the below listed minor participant (the “Participant”) in the Readington Township Junior Police Academy (the “Academy”), and by doing so, understands that the Academy will offer the Participant the opportunity to observe and take part in various demonstrations of emergency services, as well as certain indoor and/or outdoor physical activities. By signing this Junior Police Academy Participation Agreement (this “Agreement”), Parent or Guardian represents that the Participant can participate in the Academy activities without injury to themselves or others, and without aggravating or exacerbating any preexisting medical or physical conditions. Parent or Guardian represents that he or she has full legal authority to act on behalf of the Participant and agrees to be legally and financially responsible for the Participant, including all the Participant’s acts and omissions. Parent or Guardian further agrees to hold the Township of Readington, including its officials, officers, employees, agents, attorneys and assigns harmless from and against any and all losses, injuries, claims, suits and damages whatsoever, including reasonable attorney’s fees and costs, arising from or related to claims of personal injury, property damage or death arising from or related to the Participant’s acts, omissions, attendance at, or participation in the Academy, including any activities sponsored thereby.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Print Parent or Guardian Name: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_